

Commonwealth of Virginia



Application for a Campground Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Type: ☐ Fixed Structures ☐ Recreational / Mobile Units ☐ Primitive Camping
(Check all that apply)

Name of Establishment (or Operator): _____

Period of Operation: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Mailing address: _____ **Physical location:** _____

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Billing Address: _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

